



**SOUTH CAROLINA BOARD OF LANDSCAPE ARCHITECTURAL EXAMNINERS
CONFIDENTIAL REFERENCE INFORMATION REGARDING APPLICANT**

APPLICANT COMPLETE THIS SECTION

Date: _____

_____ of _____
(Name) (Address)

The above referenced individual has submitted an application for registration to practice landscape architecture in South Carolina and has submitted your name as a reference. The SC Code of Laws, Title 40, Chapter 28, regulates the practice of landscape architecture in the State of South Carolina, which practice, in turn, safeguards life, health, and property and a high professional standard. Please give complete, accurate answers to the following questions. A prompt reply would be appreciated. Please use the second page of this form for additional comments.

REGISTERED LANDSCAPE ARCHITECTS COMPLETE THIS SECTION

A. 1. How long have you known the applicant? _____

2. Was the applicant ever employed under your direct supervision? _____ Yes _____ No

From: _____ To: _____
(Month) (Year) (Month) (Year)

_____ Full-Time or _____ Part Time (If Part-time, applicant worked: _____ Hours per week for _____ weeks.)

3. What is your opinion of the applicant's competency in the following areas?

| | Excellent | Satisfactory | Unsatisfactory |
|-----------------------------|-----------|--------------|----------------|
| (a) Technical Knowledge | _____ | _____ | _____ |
| (b) Professional Experience | _____ | _____ | _____ |
| (c) Professional Reputation | _____ | _____ | _____ |

4. Do you believe the applicant to be fully qualified to practice landscape architecture? _____ Yes _____ No
(If no, please explain on reverse side)

OTHERS COMPLETE THIS SECTION

B. 1. How long have you known the applicant? _____

2. Was the applicant ever employed under your direct supervision? _____ Yes _____ No

From: _____ To: _____
(Month) (Year) (Month) (Year)

3. Did the applicant ever perform landscape architectural services for you? _____ Yes _____ No

4. Do you know of anything that, in your opinion, might preclude this applicant from being a competent landscape architect? _____ Yes (If yes, please explain on reverse side) _____ No

Reference Name: _____

Title: _____

IF LANDSCAPE ARCHITECT, AFFIX STATE LANDSCAPE
ARCHITECT SEAL:

Profession: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Please return this form to:

SC Department of Labor, Licensing and Regulation
Board of Landscape Architectural Examiners
Attention: Sherri F. Moorer, Program Assistant
110 Centerview Drive, Post Office Box 11419
Columbia, SC 29211-1419
E-mail: sherri.moorer@llr.sc.gov (Adobe Acrobat or Microsoft Office File)
FAX: (803) 896-4424

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If you have any questions, please feel free to contact the Board at (803) 896-4580.